

**Electronic Funds Transfer (EFT) Participant Setup Form**  
**Wells Fargo / State of NC**

**INSTRUCTIONS**

1. This Setup Form is to be completed by new participants in the EFT Master Services Agreement (MSA) (Contract No. 14-05001) offered by the Office of the State Controller (OSC) and Wells Fargo. It provides information necessary for OSC staff, Department of State Treasurer (DST) staff, and Wells Fargo Treasury Services staff to establish the appropriate setups on various systems {ACH file transmission, Settlement bank account, Wells Fargo Commercial Electronic Office (CEO), billing information, statement rendering, etc}.
2. In addition to the execution of this EFT Participant Setup Form, the participant must complete, or have completed, an "Agency Participation Agreement (APA),"executed in quadruplicate by the Chief Fiscal Officer (1-OSC; 2-DST; 3-WELLS; 4-Participant).
3. All four copies of the APA and one copy of the EFT Participant Setup Form should be submitted to the following address:  
OSC Central Compliance Section  
Office of the State Controller  
1410 Mail Service Center  
Raleigh, NC 27699-1410  
Attn: SECP
4. In addition to the mailings, the Setup Form is to be submitted by email to: [osc.secp.info@osc.nc.gov](mailto:osc.secp.info@osc.nc.gov)

**Participant Information**

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of Account: \_\_\_\_\_  
Note: This will be the second line of the account title.

Agency Federal Tax ID: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email ID: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail ID:	_____	
Technical Contact Name:	_____	
Title:	_____	
Phone:	_____	Fax: _____
E-mail ID:	_____	

### Type of ACH Files to be Originated

#### Select one of the following:

- ☐ Outbound ACH Credits (Vendor or Payroll); ☐ Inbound ACH Debits (Collections);  
☐ Web Payments (Payments made via internet)

Description of payments: \_\_\_\_\_

### Bank Settlement Account Information

#### Select and complete the item(s) that apply:

- ☐ Will use existing account(s):  
Settlement Bank Acct #: \_\_\_\_\_ Returns Acct #: \_\_\_\_\_

☐ Request the establishment of a new **settlement** bank account for **outbound** ACH credit files.

Note: Outbound ACH credit files for participants require a stand-alone DDA which must be funded timely by the participant. Any returns will be credited to the account, which must then be cleared by the participant. The funding method depends upon the type of participant:

\* State agency participants will fund the account via wire transfer using DST's Core Banking System (CB\$) and must complete a CB\$ Payment Preauthorization Form obtained from DST, which specifies the disbursing/STIF account to be debited. Please request this form from DST if necessary.

\* Community Colleges and Local Education Authorities (LEAs) will fund the account according to instructions in DST's publication, *Banking Services Handbook*.

<https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf> .

See section entitled "Direct Deposit Guidelines for Community Colleges and LEAs."

New Account Number: \_\_\_\_\_ (filled out by Wells Fargo)

☐ Request the establishment of a new **settlement** bank account for **outbound** ACH credit files and a **Returns** account.

Note: Outbound ACH credit files for participants require a stand-alone DDA which must be funded timely by the participant. The funding method depends upon the type of participant:

\* State agency participants will fund the accounts via wire transfer using DST's Core Banking System (CB\$) and must complete a CB\$ Payment Preauthorization Form obtained from DST, which specifies the disbursing/STIF account to be debited. Please request this form from DST if necessary.

\* Community Colleges and Local Education Authorities (LEAs) will fund the account according to instructions in DST's publication, *Banking Services Handbook*.

<https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf> .

See section entitled "Direct Deposit Guidelines for Community Colleges and LEAs."

Any returns will be credited to the returns account. The returns account for participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account at Wells Fargo, DDA# XXXXXXXXX3460. The agency must submit one certification in CMCS for the total amount swept each day. Specify the CMCS Group ID# to be certified under: \_\_\_\_\_

Also, specify if either: ☐ a new CIT bank number (location code) is needed to be assigned by DST; or  
☐ an existing location code will be utilized: \_\_\_\_\_

### Bank Settlement Account Information (cont'd)

New Account Number: \_\_\_\_\_ New Account Number: \_\_\_\_\_ (filled out by Wells Fargo)

☐ Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.  
(State Agency participant only)

Note: Inbound ACH debit files for participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account at Wells Fargo, DDA# XXXXXXXXXX3460. With this option returns will be debited from the settlement account. The agency must submit one certification in CMCS for the total amount swept each day. Specify the CMCS Group ID# to be certified under: \_\_\_\_\_

Also, specify if either: ☐ a new CIT bank number (location code) is needed to be assigned by DST; or  
☐ an existing location code will be utilized: \_\_\_\_\_

New Account Number: \_\_\_\_\_ (filled out by Wells Fargo)

☐ Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.  
(Non-State agency participant only)

Note: Inbound ACH debit files for participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct # \_\_\_\_\_

Alternately, the funds may settle directly to the participant's existing local main DDA: \_\_\_\_\_

New Account Number: \_\_\_\_\_ (filled out by Wells Fargo)

☐ Request the establishment of a **Returns** account for **inbound** ACH debit files. State agency participants should fund the account via wire transfer using DST's CB\$. A Payment Preauthorization Form may be obtained from DST to establish a template if applicable.

Note: Inbound ACH debit transactions may occasionally "bounce" due to invalid account, Non-sufficient funds (NSF), etc. Participant must reimburse the Returns account timely to clear any deficit balances.

New Account Number: \_\_\_\_\_ (filled out by Wells Fargo)

☐ Other Request / Comment: \_\_\_\_\_

Note: DST will notify the participant whenever the request has been acted upon.

### ACH File Transmission Method

**File transmission will be through (Select One of the following):**

☐ The State's Common Payment Service (CPS) gateway service (Arrangements must be made with CPS.)

☐ A third-party gateway service: \_\_\_\_\_ (Must be pre-approved by OSC)

☐ A Value Added Network (VAN): \_\_\_\_\_ (Wells Fargo will contract you for requirements)

☐ An FTP transmission directly to Wells Fargo. (Wells Fargo will contact you for requirements and testing.)

☐ Other / Comment: \_\_\_\_\_

### ACH File Processing Information

**The following information is needed by Wells Fargo to be able to identify a valid ACH file received from the participant:**

1. Company Name: \_\_\_\_\_ (Field length = 16)

This name must be the same as that contained in the ACH Batch Header Record, Field # 3.

### ACH File Processing Information (cont'd)

It will be displayed on the payee's / payor's bank statement, along with the "Company Discretionary Data" contained in Field #4 of the ACH Batch Header Record.

Also, it is the Company Name used to set up users on Wells Fargo CEO.

2. Company ID: \_\_\_\_\_ (Agency Federal Tax ID)

This is the number that the settlement bank account will be associated with, as well as the number that should be contained in the ACH File Header Record, Field #4, with a prefix of 1.

3. Estimated "Peak" dollar amount per file transmitted to the bank: \_\_\_\_\_

This amount is used internally by Wells Fargo.

4. Estimated daily (or weekly/monthly) amount per file transmitted to the bank: \_\_\_\_\_

This amount is used internally by Wells Fargo.

5. Please specify this is will be a daily, weekly or monthly file: \_\_\_\_\_

6 . Will the file processing include addenda records? ☐ Yes ☐ No

If "yes" will Participant require a posting settlement file? ☐ Yes ☐ No

If "yes" you will be contacted by Wells Fargo Treasury Services Technical Support for additional information.

### Payment of Fees Arrangements

**Select one of the following:**

☐ Arrangements have previously been made with DST for the bank services fees to be paid by DST. (This is generally for payroll payments and NCAS related payments.) DST Signature: \_\_\_\_\_

DST Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Participant will pay for the bank services billed by Wells Fargo on a monthly basis. (Complete the section below regarding the billing information.)

The fee schedule may be viewed at the following site: [http://www.osc.nc.gov/SECP/Fee\\_Schedule.pdf](http://www.osc.nc.gov/SECP/Fee_Schedule.pdf)

### Billing Information

**Complete if bank service fees are to be paid by Participant (Select one of the following):**

☐ Central Billing – Send invoices to the billing address associated with the Participant's main DDA  
Or

☐ Decentralized Billing – Send invoices to the billing address below

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email ID: \_\_\_\_\_

### Statement Rendering Information

**Select one of the following:**

☐ Central Reconciliation – Send monthly bank statements to the address associated with the Participant's main DDA (local units of govt. or community colleges). This option is not available to State agencies or universities.

### Statement Rendering Information (cont'd)

☐ Decentralized Reconciliation – Send monthly bank statements to the address below:

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** Each participant is responsible for reconciling the settlement bank accounts timely.  
Wells Fargo CEO is a useful tool to perform this reconciliation daily. Paper statements are monthly.

### Wells Fargo CEO Information:

Information on Wells Fargo CEO can be found at <https://www.wellsfargo.com/com/>.

### Wells Fargo CEO Administration

1. Participant requires set-up of Wells Fargo CEO with DST being the administrator (under DST's Wells Fargo CEO ID: OFFIC356). The new settlement account and returns account will be set up under this CEO ID.

Note: OSC will have access to view the account, and DST will serve as the administrator, setting up users and performing administrative functions (e.g., password resetting).

### Wells Fargo CEO Information Reporting Setup

**2. Select one of the following online reporting options:**

☐ \$20.00 per month – Previous Day Reporting - Includes previous day(s) transaction reports, basic banking, and previous day composite.

☐ \$40.00 per month - Previous day and Intra Day Reporting – Includes reports indicated above, ACH origination for current day, and NOC/returns, treasury information reporting.

**Wells Fargo CEO Participant Users Setup**

This section should be completed only if OSC will be serving as the Administrator, setting up users for the participant, and performing administrative functions, such as password resetting, etc. Once set up by the DST Administrator, DST will provide each user their User ID and initial password. If changes are needed in the future, contact DST for instructions on how to add/delete users. These users are to be setup by the DST Administrator under Wells Fargo CEO ID: OFFIC356.

Name (Last Name, First Name)	Mailing Address	Email Address	Phone #	Fax #

**Bank Products/Services**

☐ ACH Fraud Filter-Stop Option  
☐ Online Commercial DDA Statement  
☐ Online Client Analysis Statement  
☐ Previous Day Composite Detail Report  
☐ Previous Day Composite Balance Report  
☐ Previous Day Return Item Report  
☐ ACH Receive Report  
☐ ACH Origination Detail Report  
☐ ACH Return/NOC Report  
☐ Intra Day Composite Detail Report  
☐ Intra Day Composite Balance Report  
☐ Intra Day Composite Detail Report  
☐ Express Balance Report  
☐ Basic Banking

**Report Chart****ACH Fraud Filter**

ACH Fraud Filter is required for all state owned accounts. Please list below any Company ID (s) authorized to debit the account. A full debit block will be placed on the account(s) if no company ID is provided.

Company Name	Company ID

**Account Setup/Registration****(Please note: This section to be completed by Department of State Treasurer)**

Account Title: North Carolina Department of State Treasurer

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See page 1

Tax ID: 56-1545517

**For DST Use Only:**

DST will use this section to notify each user above of their assigned User ID and initial temporary password.

Name (Last Name, First Name)	User ID	Temporary Password

**Required Signature – Participant's Chief Fiscal Officer**

The signature of the participant's chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: \_\_\_\_\_

Chief Fiscal Officer's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For DST Use Only****For Wells Fargo Use Only****For OSC Use Only**